

SECTION 1. GENERAL INFORMATION

1.1 SUMMARY STATEMENT

The Maryland State Department of Budget and Management, Office of Personnel Services and Benefits, Office of the Executive Director, hereafter referred to as “the Department,” is issuing this Request For Proposals (RFP) to obtain State Medical Director and Occupational Medical Services, which may be used by all executive branch agencies of Maryland State Government. Currently, these agencies cumulatively spend about \$2 million per year through numerous formal or informal agreements to obtain the types of services that will be available under the contract that will result from this RFP. Because of the economies of scale and convenience that are expected to be achieved by the single, statewide contract that will result from this RFP, it is anticipated that this contract will become the primary means for Maryland State agencies to obtain State Medical Director and Occupational Medical Services for their employees and/or prospective employees (for selected services).

State agencies are not required to use this resultant contract. Agencies may separately contract for, or otherwise obtain (without notice to the vendor selected to provide State Medical Director and Occupational Medical Services), any service that will be available under the proposed contract for their employees and/or prospective employees (for selected services).

Generally, the services detailed in Section 4 of this document will be applicable to State agencies to whatever extent those agencies choose to use these services. However, the Maryland Department of Transportation (MDOT) has certain unique Medical Director and Occupational Medical Services requirements. Therefore, within Section 4 there is a separate section that details these specific MDOT services.

These specifications are provided for the purpose of requesting proposals for a single vendor to provide State Medical Director and Occupational Medical Services for a three year period from on or about June 1, 2000 to on or about May 31, 2003. At the sole option of the Department, the contract to provide these services may be extended (renewed) for two additional one-year periods. In the event the Department does not exercise one or both of the renewal options, at its unilateral option, it may extend the contract, at the then prevailing rates, on a month-to-month basis for up to 6 additional months.

State employees work in Baltimore City and all 23 counties of the State. Therefore, it is required that the services described in this RFP be provided statewide, so that they are reasonably accessible to all current or prospective State employees. Since MDOT has an extensive number of work sites in Maryland, as provided in Attachment H, the successful offeror under this RFP will be required to have a service delivery site capable of providing all of the services required under this RFP within a maximum of 30 minutes, normal driving time, of every MDOT location in Baltimore City, as enumerated in Attachment H. It is preferred that the offeror have a service delivery site capable of providing most of the routine services required under this RFP within a maximum of one hour, normal driving time, of every MDOT location outside of Baltimore City, as enumerated in Attachment H. This will assure reasonable access to all current or prospective State employees of any State agency.

FHWA – means Federal Highway Administration

Firm Fixed Unit Prices - means all unit examination fees and hourly rates will be the same each time the service is provided during the same contract year, including any of the option years referenced in Sections 1.1 and 1.21. The contract contained in Attachment A is a firm, fixed unit price contract.

FMLA - means the Family and Medical Leave Act

FTA - means Federal Transit Administration

IWIF - means the Injured Workers Insurance Fund

MBE - means Minority Business Enterprise

MDOT- means the Maryland Department of Transportation

MdTA - means Maryland Transportation Authority

MRO - means Medical Review Officer

MTA – means Mass Transit Administration

OPSB - means the Office of Personnel Services and Benefits

RFP - means this Request for Proposals

Secretary - means the Secretary of Budget and Management or the Secretary's designated representative

State Medical Director (SMD) - means the physician or small centralized group of physicians designated by either the Secretary of the Department of Budget and Management or the Secretary of the Department of Transportation to exercise all authority vested in the Secretaries with respect to medical examinations and investigations relating to employment with the State Personnel Management System and the MDOT. The SMD shall serve as the MDOT's Medical Advisor.

Substance Abuse Professional (SAP) – means a licensed or certified professional with knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders.

1.3 ISSUING OFFICE

A. The sole point of contact in the Department for purposes of this RFP is the Department's Contract Monitor at the Issuing Office address listed below:

1.16 PROPOSAL AFFIDAVIT

All proposals submitted by an offeror must be accompanied by a completed Proposal Affidavit. A copy of this Affidavit is included as attachment B of this RFP.

1.17 CONTRACT AFFIDAVIT

All offerors are advised that if a contract is awarded as a result of this solicitation, the successful offeror will be required to complete a Contract Affidavit. A copy of this Affidavit is included for informational purposes as Attachment C of this RFP. This Affidavit need not be submitted with an offeror's proposal but must be provided by the selected offeror upon notice of contract award.

1.18 MINORITY BUSINESS ENTERPRISE (MBE)

MBEs are encouraged to respond to this solicitation notice. In addition, an MBE participation goal of 15% has been established for the contract to be awarded under this RFP. See Attachment I for more information regarding MBEs.

1.19 ARREARAGES

By submitting a response to this solicitation, the offeror represents that it is not in arrears in the payment of any obligations due to the State of Maryland, including the payment of taxes and employee benefits, and that it shall not become in arrears during the term of this contract if selected for the contract award.

1.20 PROCUREMENT METHOD

This contract will be awarded in accordance with the Competitive Sealed Proposals procurement method as described in COMAR 21.05.03.

1.21 CONTRACT DURATION

The contract resulting from this RFP shall be for a period of three years beginning on or about June 1, 2000 and ending on or about May 31, 2003. Moreover, the Department at its sole option and upon written notice to the contractor, may extend this contract for two additional one-year periods. Furthermore, in the event the Department does not exercise a renewal option, it may require the contractor to continue to provide services on a month to month basis, for up to 6 additional months, at the then prevailing contract unit rate.

If the State exercises its option to extend the contract, any administrative rate increase applicable to years 2004 and 2005 shall not exceed the amounts specified in this paragraph. The administrative rate increase shall be measured by the change in the "Medical Care" expenditure category of the Consumer Price Index for all Urban Consumers (CPI-U Medical) for the Baltimore-Washington published metropolitan area, unadjusted for seasonal variation. The measurement period shall be the twelve-month period ending December 31 preceding the option period. For example, the

adjustment for the contract year beginning 6/1/2003 shall be based upon the CPI-U change in the year 2002 versus the year 2001.

1.22 NON-EXCLUSIVITY

The State hereby reserves the right to perform any of the services included hereunder, using the services of its own personnel or those of others. Such right may be exercised at the sole option of the State.

1.23 RESPONSIBILITY FOR CLAIMS AND LIABILITY

The SMD shall indemnify and hold harmless the State, its officers, agents and employees from and against all claims, suits, judgments, expenses, actions, damages and costs of every name and description including attorneys' and other professional fees arising out of or resulting from performance or nonperformance of the services of the SMD or those of his subcontractors, agents or employees under this contract, or arising from or based on the violation of applicable federal, state or local law, ordinance, regulations, order or decree, whether by himself or his employees or subcontractors.

SECTION 2: OFFEROR QUALIFICATIONS

2.1 THE OFFEROR

As an organization, the offeror must, within the past 5 years, have:

- a minimum of three years experience in occupational/ industrial medicine.
- at least 6 months experience in providing similar services to one organization, firm or agency of at least 7,500 employees, members, clients, etc., but cumulative total of employees, members, clients, etc. serviced must exceed 10,000.

2.2 OFFEROR'S STAFF

Key medical and administrative staff of the offeror must have at least 1 year of experience in occupational/industrial medicine.

All physicians within the SMD must be licensed to practice medicine within the State of Maryland. It is preferred that each physician be board-certified in occupational medicine or internal medicine. Should the State be challenged in any administrative or judicial proceeding with regard to a medical service issue, the physicians of the SMD must be unequivocally recognized as experts in this field and be able to provide expert medical judgment and testimony.

Some of the physicians within the SMD will also function as the Statewide MRO and the MDOT's SAP. Although it would be ideal if every physician within the SMD were qualified to function as an MRO and/or SAP, the State recognizes that this may not be feasible. However, it is imperative that at least some of the physicians within the SMD be qualified to perform these critical functions.

Any member of the offeror's staff who is assigned to function as an SAP must be a licensed physician, psychologist, social worker or employee assistance professional, or an alcohol or drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors.

Any member of the offeror's staff who is assigned to function as an MRO must be a licensed physician with knowledge of substance abuse disorders. The physicians within the SMD who will perform the MRO function must provide documentation of MRO certification and must have sufficient experience in the performance of MRO functions.

SECTION 3: PROPOSAL FORMAT

3.1 TWO-PART SUBMISSION

An offeror must submit a proposal in two parts:

- Volume I: Technical Proposal
- Volume II: Financial Proposal

3.2. TECHNICAL PROPOSAL

NOTE: NO REFERENCE TO COST OR PRICES IS TO BE INCLUDED IN THE TECHNICAL PROPOSAL.

3.2.1. Transmittal Letter

A transmittal letter must accompany the proposal. The purpose of this letter is to transmit the proposal and acknowledge the receipt of any addenda. The transmittal letter should be brief and signed by an individual who is authorized to commit the offeror to the services and requirements as stated in the RFP.

3.2.2. Proposal Submission Identification Information and Number of Copies

Technical proposals must be submitted in a separate sealed package labeled "Technical Proposal" and must bear the name and address of the offeror, the name and number of the RFP and the closing date and time for proposals on the outside of the package. Inside this package an original proposal, which shall be so identified, and 7 copies shall be provided.

4.2.2. Required Hours

Weekly office hours for medical examinations must include weekend hours and provision for emergency coverage on a 24-hour per day, 7-day per week basis, to include MDOT substance abuse testing.

4.2.3. Facilities

The contractor must provide adequate facilities, personnel and equipment in all areas of the State to comply with the provisions of the contract. The successful offeror must have a service delivery site capable of providing all of the required services within a maximum of 30 minutes, normal driving time, of every MDOT location in Baltimore City, as enumerated in Attachment H. It is preferred that the offeror have a service delivery site capable of providing most of the routine services required under this RFP within a maximum of one hour, normal driving time, of every MDOT location outside of Baltimore City, as enumerated in Attachment H. Facilities, personnel, policies, and equipment must be in compliance with the ADA.

4.2.4. Timeliness Requirements

The offeror must have the ability to provide timely response to State agencies on all inquiries, provide timely transmittal of medical documents, and render medical services as specified, or sooner on an emergency basis.

The following detailed services must be provided by the contractor:

4.3. PRE-EMPLOYMENT PHYSICALS:

Physicals may be performed on current employees and individuals who have been conditionally offered employment by a State agency. The exact content of such examinations shall be determined by the SMD. At a minimum, examinations shall include the following:

- (1) Personal health history;
- (2) Medical screening, to include but need not be limited to, height, weight, blood pressure, pulse, vision, pulmonary function testing as necessary, hearing (audiometric testing), and TB test;
- (3) Examination of general physical condition, e.g. dermatological, respiratory, cardiovascular, abdominal, digestive, genitourinary, musculoskeletal, neurological, etc.;
- (4) Laboratory testing to include screening tests of blood and urine (i.e. CBC, routine blood chemistry and urinalysis);

- c. When medically indicated, the SMD shall attempt to obtain appropriate medical records from the employee's treating physician(s). For example, in a case where the employee's cardiac status is in question and the treating physician recently performed a cardiac stress test on the employee.
- d. When medically indicated, the SMD may refer the employee to another medical specialist for further evaluation (e.g., cardiologist, orthopedist, psychiatrist, etc.). The referral must be verbally approved by the DAC. The referring agency will pay the costs for all such approved referrals.
- e. The SMD shall provide both a brief preliminary report and a final written report to the DAC. The preliminary report shall be faxed to the DAC within 24 hours of the exam. The final written report shall be submitted to the DAC within 5 business days. Should extenuating circumstances arise (e.g., additional diagnostic studies are pursued or outside medical information is required by the SMD), the SMD must notify the DAC. Additional time will be taken into consideration by the DAC.

If there is a discrepancy between the medical opinion of the SMD and the employee's private physician, the opinion of the SMD shall be controlling, unless otherwise addressed in a collective bargaining agreement.

The contractor will be paid the firm, fixed fee bid in its final financial proposal for each workability examination it performs, after receipt by the DAC of the reports referenced immediately above.

4.5. RETURN TO WORK EXAMINATIONS

State employees will be referred to the SMD for appropriate medical examinations. Return to Work examinations of employees may be requested for on-the-job injury, sick leave, short-term disability, leave bank, employee-to-employee leave donations, and in other areas where the Department or other State agency would require a medical opinion to determine an employee's ability to return to work.

Within five (5) business days of the referral, the DAC will ensure that copies of all available medical information on the referred employee are provided to the SMD.

The Return to Work evaluation report will include the nature and extent of the illness, injury or condition, the employee's progress toward recovery, the length of time necessary for recovery, and the ability to return to work in a modified or full duty assignment.

The SMD must provide a faxed report of the Return to Work evaluation results to the DAC by the end of the next business day following the examination. The SMD must further provide to the DAC an original written copy of the evaluation within five (5) business days of the examination.

3. Maintain medical records, files, etc. to meet standards established by workers' compensation insurance carrier and in compliance with federal, State, and local requirements.

The SMD is the case manager for long term illness/injury cases. In workers' compensation cases, the SMD shall accept the Maryland Workers' Compensation fee schedule and submit bills directly to the workers' compensation insurance carrier.

4.12. CRITICAL DEBRIEFING SERVICES FOR EMPLOYEES & OTHER INDIVIDUALS

The need for this service typically arises from a graphic, work-related accident (where employees and/or private citizens are killed or seriously injured) or an episode of work-place violence. The individuals who observed or experienced the incident are usually suffering from overt emotional trauma. The contractor must be able to provide professional personnel with expertise in emotional/psychological trauma and intervention who may be required to provide subsequent group or individual counseling as necessary.

This may include one or more group assessments and referrals for appropriate services covered by the employee's or individual's personal insurance or the Agency's general liability or workers' compensation insurance. This service must be available 24 hours a day, seven days per week on an as needed basis. All MTA employees who are referred to the SMD for FTA post accident drug and alcohol testing shall be initially assessed to determine if they are in need of critical debriefing.

4.13. MEDICAL SURVEILLANCE

- a. Workplace medical surveillance evaluations are performed to assist in the early identification of illnesses or injury that might be related to the adverse effect of a work site exposure and/or simply the working environment. Employees who are suspected of or have a confirmed exposure will participate in a surveillance program as required by OSHA regulations and requirements.
- b. Upon initial evaluation, the medical examination should include a detailed medical and work history with special emphasis on symptoms related to the physical or chemical hazard and ability to wear personal protective equipment. Certain surveillance examinations, i.e. asbestos, respirator use clearance, require completion of a specific questionnaire as outlined in the respective OSHA/MOSH regulations.
- c. The physical examination and the associated studies (i.e. audiometry, spirometry, chest film-with or without "B" reading as required, blood and urine studies) must be performed and/or sample procurement completed as part of that examination. Additional tests may be ordered, if determined by the SMD to be clinically necessary. The list of substances requiring surveillance, by federal (OSHA) regulations as amended, includes but is not limited to:

- (4) Information concerning the respiratory equipment used and a copy of the respiratory protection program.

- g. Employees who experience occupational-related exposure to blood/body fluids shall be provided with emergency counseling and treatment, in accordance with the Public Health Services Guidelines for the Management of Health Care Workers Exposures to HIV and Recommendations for Post Exposure Prophylaxis, MMWR, May 15, 1998, Vol. 47., No. RR-7. This will allow employees to have access to the most current recommended treatment to reduce the possibility of HIV transmission and to ensure that the prophylaxis antiretroviral medications are administered within appropriate time frames following a possible HIV exposure.

MDOT SPECIFIC SERVICES

The MDOT employs over 10,000 employees to accomplish its mission. It requires that the SMD be responsible for delivery of the following MDOT specific services:

4.14 MDOT PHYSICAL EXAMINATIONS

- U.S. Department of Transportation (USDOT)
 - a. USDOT physicals are performed on MDOT employees who are in classifications which require them to qualify for an USDOT medical card to obtain and /or maintain a Commercial Drivers License (CDL).
 - b. The USDOT physical exam will include all of the medical elements, which have been standardized by the USDOT for CDL holders. The results will be recorded on a physical exam form that meets USDOT requirements.
 - c. If the employee/applicant meets the USDOT medical standards, the SMD shall issue the employee a USDOT medical card. (However, cards may be issued to the employee by the DAC after verifying that the SMD has completed all the necessary paperwork, signed the medical card and received the results of the drug and breath alcohol test if performed.)
 - d. The completed USDOT medical exam form must be forwarded to the DAC.
 - e. In some classifications, the USDOT physical exam may serve as the pre-employment physical exam or the USDOT physical exam may be part of a broader pre-employment physical exam which evaluates medical capabilities/limitations beyond the USDOT medical qualifications standards.

- d. Avoiding any conduct or remarks that might be construed as accusatorial or otherwise offensive or inappropriate; and,
 - e. Immediately contacting the designated ATR for guidance when problems relating to the testing occur.
- 3. Confirmatory test results with a reading of 0.02 or greater must be immediately reported to the ATR or designee.
 - 4. Within 1 business day of the test, the SMD shall provide to the DAC negative written results of all pre-placement alcohol tests.
 - 5. Within 2 business days of the alcohol test, the SMD shall provide to the designated ATR negative written results of all random, return to duty, and follow-up tests and testing required as a result of participation in an approved alcohol/drug rehabilitation program.

f. SAP

The SAP's fundamental responsibility is to provide a comprehensive, face-to-face assessment and clinical evaluation to determine if the employee needs assistance in resolving problems associated with alcohol use or prohibited drug use. If the employee is found to need assistance as a result of this evaluation, the SAP recommends a course of treatment with which the employee must demonstrate successful compliance prior to returning to duty. Treatment recommendations may include, but are not limited to: inpatient and/or outpatient treatment, educational programs and aftercare. After determining an appropriate treatment recommendation, the SAP will serve as a referral source to assist the employee's entry into an acceptable treatment or educational program.

Prior to the employee's return to duty, the SAP is required to provide a face-to-face follow-up evaluation with the employee to determine if the employee has demonstrated successful compliance with the recommendations of the initial evaluation. The SAP also directs a follow-up testing plan for the employee returning to work following treatment. The SAP must determine the number and frequency of unannounced follow-up tests.

4.16 MDOT MEDICAL ADVISOR

The SMD is charged with developing and maintaining medical standards for the various MDOT job classifications. Current "Interim Medical Standards" are found in Attachment J of the RFP. The SMD will be required to provide professional medical advice, as requested, on a case-by-case basis to guide MDOT in discharging its responsibility. Specific tasks may include but are not limited to:

4.18 RECORDS AND REPORTS

- a. Where individual medical records are maintained by the SMD, the SMD will transfer a copy of such records without cost to the appropriate facility as determined by the State if and when a different contractor is utilized. The SMD will be responsible for releasing medical records as required by law.
- b. All records related to the performance of the SMD operations and duties as contracted with the State shall become the property of the State upon termination or conclusion of the contract to result from this RFP. The format of medical records (if other than paper) must be universal or standard enough to permit easy access by the State or a different contractor if required.
- c. The State further requires a summary of the 12 monthly billing reports and an annual written report which summarizes medical services rendered during the year, by category of service, agency, and date of service. Both the annual billing summary and the annual written report shall be submitted within 30 days of the end of the contract year. Importantly, the report should also narrate and detail any significant service trends and show statistical comparisons to the data in the previous year's report. The database of annual report data must be retained completely separate and secure from any access or usage not authorized in writing by the Department's Procurement Officer.
- d. The contractor shall maintain all records for a minimum of three years unless advised otherwise by the Department and for longer periods of time for special cases, not to exceed five years.
- e. All records are subject to the Federal Privacy Act, 5 USC 552a, and other applicable Federal and State laws and regulations, and shall be maintained and used with the highest regard for employee and applicant privacy.

4.19. PRINTED MATERIALS

After consultation with the State, the SMD shall provide all necessary forms, stationery and printed materials for general distribution.

4.20. STATE PERSONNEL

Names of the DACs and other appropriate State officials and agency billing addresses will be provided prior to the commencement of services under this contract.

off in 15-minute portions of an hour, that each approved person spends in preparing for and/or providing the actual deposition or testimony. The contractor will also be paid the hourly rate, or prorated portion thereof, for all time spent by each approved person traveling within Maryland to attend a deposition, hearing, or court session which is more than 30 miles from the contract monitor's office in Baltimore.

For any authorized travel outside this 30-mile radius from the contract monitor's office in Baltimore, the contractor will also be reimbursed for mileage expenses at the same rate that is paid to State employees, which is currently 30 cents per mile.

Billing for travel time and mileage is only allowable for travel outside the above-described 30-mile radius. Any billing for preparation time must be accompanied by reasonable documentation of the nature and rationale for the preparation by each approved person.

Starting with the first option year of the contract, and for each year of the contract thereafter, and each year after the conclusion of the contract that the contractor is still responsible to provide testimony, the contractor's hourly rate for testimony and preparation as bid in the financial proposal, shall be adjusted by the change in the "Medical Care" expenditure category of the Consumer Price Index for all Urban Consumers (CPI-U Medical) for the Baltimore-Washington published metropolitan area, unadjusted for seasonal variation. The measurement period shall be the twelve-month period ending December 31 preceding the option period. For example, the adjustment of the contract year beginning 6/1/2003 shall be based upon the CPI-U change in the year 2002 versus the year 2001.

4.23.4 BILLING FORMAT AND CONTENT

Bills shall be submitted both in hard copy and electronic media that is compatible with Microsoft Access or Excel. Each invoice shall contain the vendor's address, federal tax identification number, the State contract number, and a description of the services provided, the employee's name, the employee's social security number, and the DAC. A copy of each invoice shall be provided to the DAC, as well as the OPSB's Employee Medical Services Unit. Bills shall be provided on a monthly basis and shall be segregated into the sixteen (16) services referenced in Attachment D.

SECTION 5. EVALUATION AND SELECTION PROCEDURE

5.1 TECHNICAL EVALUATION CRITERIA

The technical proposals will be evaluated on the factors listed below in descending order of importance:

1. The qualifications of professional medical staff (i.e., SMD/MRO/SAP, etc.).
 - The number and distribution of professional staff qualified/certified to serve as the SMD, MRO and SAP;
 - The extent of each qualified/certified professional's demonstrated knowledge and experience in performing the functions for which they are certified (i.e., SMD, MRO, SAP);
 - The adequacy of each professional's qualifications with regard to the potential for providing testimony on behalf of the State as an expert witness in a given area, i.e., occupational medicine, substance abuse, etc.
2. The overall adequacy of service locations throughout the State.
 - The number, location and condition of offices/sites (dispersion, ease of access by both private vehicle and public transportation, ease of parking);
 - The services and amenities available at each facility;
 - The ability to provide services within a 30-minute, normal driving time of MDOT locations in Baltimore City and within one hour, normal driving time of all other MDOT locations (see Attachment H).
3. The demonstrated availability for emergency situations; ability to provide services 7 days per week, 24 hours per day.
4. Other aspects of the offeror's detailed work plan.
 - The days and hours of operation/availability for routine examinations and services;

- The ease with which State employees, prospective employees and/or DAC's are able to make appointments and obtain services, from both an elapsed time standpoint (time between seeking appointment/service and receiving it) and the specific procedure(s) for doing so;
 - The ability of offeror to provide required reports on a timely basis in the manner and format in which requested;
 - The ability of offeror to meet the requirements for billing format and content.
5. The quality of the offeror's response to all other requirements set forth in Section 4.2, Scope of Services, and Section 2, Offeror Qualifications. Evaluation will include adequacy of the qualifications and relevant experience of other key personnel.
 6. The offeror's demonstrated ability to meet the requirements for critical debriefing services as detailed in Item 4.12.
 7. The potential economic benefits of the contract to the economy of the State of Maryland.

5.2. PRICE EVALUATION

Financial (Cost) proposals must be submitted in sealed envelopes, separate and apart from the technical proposals. The offeror's Cost Proposal shall consist of the rates it enters in Attachment D. An offeror may not alter or add to the billing categories contained in Attachment D.

The unit rates listed on Attachment D will be firm fixed unit prices. The offeror will be permitted to submit different bids for the services referenced in Items 4.3 through 4.17 for each of the three years (2000, 2001 and 2002) of the contract. The total proposal cost used to compare among offerors will be determined by the total of the price information supplied by the offerors in the format for Financial Proposal (Attachment D). Price proposals will be evaluated separately from the technical proposal.

If the State exercises its option to extend the contract, any administrative rate increase applicable to years 2004 and 2005 shall not exceed the amounts specified in this paragraph. The administrative rate increase shall be measured by the change in the "Medical Care" expenditure category of the Consumer Price Index for all Urban Consumers (CPI-U Medical) for the Baltimore-Washington published metropolitan area, unadjusted for seasonal variation. The measurement period shall be the twelve-month period ending December 31 preceding the option period. For example, the adjustment for the contract year beginning 6/1/2003 shall be based upon the CPI-U change in the year 2002 versus the year 2001.

5.3 FINAL RANKING AND SELECTION FOR AN AWARD

Award of the contract will be made to the responsible offeror whose proposal is determined to be the most advantageous to the State considering both the technical and financial factors set forth in this solicitation. Technical merit will have greater weight than cost in making the overall award determination.

As described in COMAR 21.05.01.04, a resident business preference will be given if: a responsible offeror whose principal office or principal base of operations is in another state submits the most advantageous offer, the state in which the non-resident's principal office is located, or the state in which the non-resident has its principal operations through which it would provide the goods or services, gives a preference to its residents through law, policy, or practice, and the preference does not conflict with a Federal law or grant affecting the procurement contract. The preference given shall be identical to the preference that the other state, through law, policy or practice gives to its residents.

ATTACHMENT D-1

The Estimated Three-Year Grand Total Bid Price, as reported on Attachment D-2, will be compared among offerors as each offeror's financial proposal price.

The estimated number of units per month are used for evaluation purposes only. They are not a guarantee of either a minimum or maximum number of examinations or hours that will be needed. Once the Contract commences, the Contractor shall only be paid for the actual number of examinations performed or hours expended at the firm unit prices bid on Attachment D, both for the original Contract term, and any of the possible renewal options.

These unit bid costs and hourly bid rates shall be the only costs to perform all respective activities required in Section 4 of this RFP.

Name of Offeror: _____

Name of Official Binding Offeror
to these Bid Prices: _____

Signature of Official Binding Offeror: _____

Date of Signature: _____

ATTACHMENT D-2

SUMMARY OF ESTIMATED BID PRICE TOTALS
FOR YEARS 2000, 2001 AND 2002

Estimated Bid Price Total for Year 2000
(as recorded on Attachment D for Year 2000): \$ _____

Estimated Bid Price Total for Year 2001
(as recorded on Attachment D for Year 2001): \$ _____

Estimated Bid Price Total for Year 2002
(as recorded on Attachment D for Year 2002): \$ _____

THREE-YEAR GRAND TOTAL BID PRICE: \$ _____

<u>LOCATION</u>	<u># OF EMPLOYEES</u>
Essex 1338 Eastern Blvd. Baltimore, MD 21221	27
Frederick 1601 Bowmans Farm Road Frederick, MD 21701	27
Gaithersburg 15 Metropolitan Grove Road Gaithersburg, MD 20878-4098	70
Hagerstown 18306 Col. Henry K Douglass Drive Hagerstown, MD 21740-8902	22
Largo 10251 Central Avenue Near Intersection Route 202 and 214 Upper Marlboro, MD 20771-1303	79
Salisbury 251 Tilghman Road Salisbury, MD 21801-8680	26
Waldorf 11 Industrial Park Drive St. Charles Business Park Waldorf, MD 20602-1908	55
Westminster 532 Baltimore Boulevard Route 140 Westminster, MD 21157	20
<u>EXPRESS OFFICES</u>	
Charles Center 1 Charles Center Metro St. Baltimore, MD 21202-1842	5

<u>LOCATION</u>	<u># OF EMPLOYEES</u>
Columbia 6490 Dobbin Road Columbia, MD 21045	6
Glenmont 12335 D+C Georgia Avenue Space 8+9 Silver Spring, MD 20906	11
Landover 2103 Brightseat Road Landover, MD 20785	9
Towson 800 Kenilworth Drive Suite 860 Towson, MD 21204-1250	10
Loveville Rt 5 @ Sunnyside Road Leonardtown, MD 20650	5
Walnut Hill 16541-A Frederick Road Gaithersburg, MD 20877-1221	8
<u>Vehicle Inspection Program (VIPS)</u> Northern District	19

Anne Arundel County North
721 Ordnance Road
Baltimore, MD 21226

Baltimore City East
5900 Erdman Avenue
Baltimore MD 21205

Baltimore City West
1411 South Edgewood Street
Baltimore MD 21227

Baltimore County
111510 Cronridge Drive
Owings Mills, MD 21117

Cecil County
1644 Pulaski Highway
Elkton, MD 21921

Harford County
1631 Robin Circle
Hickory, MD 21050

Southern District

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Anne Arundel County South 189 Defense Highway Annapolis, MD 21401	Calvert County 1035 Theater Drive Prince Frederick, MD 20678
Charles County 28 Henry Ford Circle Waldorf, MD 20601	Montgomery County East 2121 Industrial Parkway White Oak, MD 20904
Prince George's County North 7401 Jefferson Avenue Landover, MD 20785	Prince George's County South 7213 Old Alexandria Ferry Road Clinton, MD 20735

Western District

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Carroll County 50 Alleron Court Westminster, MD 21157	Frederick County 1506 Tilco Drive Frederick, MD 21701
Howard County 6340 Woodside Court Columbia, MD 21048	Montgomery County Central 15910 Chieftain Avenue Derwood, MD 21855
Montgomery County West 7407 Lindberg Drive Gaithersburg, MD 20879	Washington County 12100 Insurance Way Hagerstown, MD 21740

ADA PARATRANSIT (CONT'D)

Category 3: Individuals who are prevented from traveling to or from a bus stop because of their disability, specific environmental and architectural barriers such as curbs, hills, distance, are excluded and do not, standing alone, form a basis for eligibility under the third category. Category 3 eligibility is intended to be a very narrow exception to the general rule that difficulty traveling, boarding or disembarking locations is not a basis for eligibility.

Conditional eligibility: An individual may be eligible for certain trips for which the individual meets the criteria. An individual can be eligible based on a temporary disability. An individual may travel with a Personal Care Attendant (PCA) defined as someone designated or employed to help the individual meet his/her personal needs.

Complementary paratransit eligibility is not based on disability based on a medical condition or diagnosis of disability alone, but rather on the *functional inability of a disabled person to use accessible fixed-route service*.

The MTA Functional Assessment Program, (FAP) which was implemented on July 1, 1999, differs from MTA's original process under ADA. The original process involved self-certification with health care professional verification.

The current FAP is more rigorous. ***First-time applicants*** will be required to submit an application form to MTA with identifying information, as well as verification of disability from a health care professional familiar with the individual's disability, and its effect on use of public transit. Applicants must also have an *in-person interview conducted by an MTA employee at the MTA Certification Office and may be referred to a medical facility for a functional assessment of their ability to use public transit*.

Two functional assessments will be conducted: a physical function assessment, and a cognitive functional assessment. The physical functional test will use a straightforward approach of testing the applicant's ability to accomplish the various functions needed to use transit:

- Use of steps, lift, and curb cut
- Ability to stand and walk a short distance and cross a street in a predetermined amount of time.

Such testing aids will be supplied to the rehabilitation/medical facility by the MTA.

The cognitive functional assessment test uses an adaptation of the "Functional Assessment of Cognitive Transit Skills test," or FACTS, developed as a Project ACTION grant by Pittsburgh's ACCESS Transportation Systems with the Harnmarville Rehabilitation Centers and Center of Applied Neuropsychology. FACT is structured around a simulated transit trip. It may also include an Orientation and Mobility evaluation of the visually impaired.

LOCATION AND SCHEDULING OF ASSESSMENTS

MTA will require that functional assessment testing be done:

- At key locations within the existing Paratransit service area.
- During weekdays, and at least one weekday evening, and for one-half day on Saturdays, either morning or afternoon.

Functional assessments for new Paratransit applicants and recertified applicants will be scheduled on an as-needed basis.

REQUEST FOR QUALIFICATIONS AND PRICING

Offerors should provide a statement of interest and qualifications, including:

Identification of the specific facility or facilities where you propose to conduct assessments.

Name(s) and title(s) of individual(s) responsible for the functional assessments.

Qualifications of staff (e.g., resumes) expected to be involved in functional assessments.

Any relevant experience or abilities relative to conducting functional assessments.

Any other information relevant for assessing facility qualifications.

PHYSICAL FUNCTIONAL ASSESSMENT

Name: _____ Date: _____

Date of Birth: _____

Medical Condition Causing Disability: _____

Evaluator: _____

Mobility Aids Used During Assessment: _____

Wheelchair User (circle one): Full Time Part Time N/A

If part time, explain: _____

Wheelchair Propulsion (circle one): Dependent Partial Assist Independent

If partial, explain: _____

Resting Heart Rate _____ Resting Blood Pressure _____

Resting Respiration _____ Blood Pressure at End of Assessment _____

75% max for age: _____

A. FUNCTIONAL MOBILITY

1. Distance PASS FAIL

	<u>HR</u>	<u>BP</u>	<u>RESPIRATIONS</u>	<u>TIME</u>
300 feet	_____	_____	_____	_____
660 feet	_____	_____	_____	_____

If discontinued, time at 75% of max: _____

_____ PASS if total time is 8:00 minutes or less.

_____ PASS if able to ambulate or propel wheelchair at least 200 ft. without signs and symptoms of physical distress.

2. Curbs and Curb Cuts PASS FAIL

Able to independently go:	Up 6 in. curb?	Yes	No
	Down 6 in. curb?	Yes	No

Able to independently go:	Up curb cut?	Yes	No
	Down curb cut?	Yes	No

_____ PASS if able to go up and down curb and/or curb cut unassisted.

